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Executive Director-Comptroller

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Attached is proposed response to the Honorable Robert E. Hampton's memorandum of 1 April 1971 to the Director dealing with Federal Civilian Employee Alcoholism Programs.

for [Redacted]
John W. Coffey

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Deputy Director for Support [Redacted]

EO-DD/S:CND:es (16 Apr 71)

Distribution:

- Orig - Adse w/orig & 6 of DD/S 71-1415
- 1 - DD/S subject w/cy of DD/S 71-1415
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DD/S 71-1415: Ltr dtd _____ to Hon. Hampton fm ExDir

71-1415



CENTRAL INTELLIGENCE AGENCY

WASHINGTON, D.C. 20505

OFFICE OF THE DIRECTOR

The Honorable Robert E. Hampton
Chairman
United States Civil Service Commission
Washington, D. C., 20415

Dear Mr. Hampton:

The draft of the proposed guidelines for implementation of Federal agency programs to deal with alcoholism (pursuant to Title II of Public Law 91-616) which you forwarded in your letter of 1 April has been reviewed. As requested, our comments are as follows:

a. The proposed guidelines are essentially consonant with the operating needs of this Agency.

b. Section VI B. Policy Statements:

We note the absence in these statements of anything pertaining to the role of the supervisor. Even though this is later covered in Section X, it is our judgment that this important aspect of the program might well be included among the basic policy statements.

It is also our judgment that Policy Statement 5 would not apply without modification in the case of an employee of a security agency. Such agency's concern with alcoholism in an employee would necessarily extend beyond the employee's performance on the job.

c. Section XI. Role of the Medical Department

Since we consider that an agency medical department is properly available for more than emergencies and counseling, we would interpret "emergencies" in a broader sense than might be inferred from this section. It should, we believe, cover any case, even

The Honorable Robert E. Hampton, Chairman, United States Civil Service Commission, Washington, D. C., 20415

though not strictly emergency, where services of the department are indicated.

We would construe the medical department's effort in the counseling area also to include counseling the employee as well as the supervisor.

d. Section XV. Eligibility for Disability Retirement

Consistent with the recognition by the Federal government of alcoholism as a disease, consideration might be given to revising any Federal regulatory issuances to clarify the distinction between alcoholism and "intemperance" as the latter term has been traditionally used.

We appreciate the opportunity to review these proposed guidelines and hope that the above comments may be useful.

Sincerely,

L. K. White
Executive Director

OMS/EXO/ [redacted] (14Apr71)

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ORIGINATED BY: 15 APR 1971

SIGNED

JOHN R. TIETJEN, M. D.

JOHN R. TIETJEN, M. D.
Director of Medical Services

CONCUR: 16 APR 71
Date

STA

JOHN W. COFFEY
Deputy Director

XX UNCLASSIFIED CONFIDENTIAL SECRET

OFFICIAL ROUTING SLIP

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Remarks:

An earlier draft of this reply also included the following:

"e. XVI. Maintenance of Records

The stipulation that Official Personnel Folders 'not include information concerning an employee's alcohol problems or efforts to rehabilitate him except as they apply to specific charges leading to disciplinary or separation actions', should not, in our judgment, prevent the recording by supervisors in fitness reports of performance deficiencies which the supervisor believes may be related to alcohol". (over)

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| JOHN R. TIETJ | 14Apr71 |

Approved For Release 2003/04/29 : CIA-RDP84-00780R00390023000

This portion was deleted after discussion
with and at the suggestion of OP (DD/Pers).

Approved For Release 2003/04/29 : CIA-RDP84-00780R003900230005-

DD/S 71-1380

15 APR 1971


MEMORANDUM FOR: Director of Medical Services

SUBJECT : Federal Civilian Employee Alcoholism Programs

REFERENCE : Federal Personnel Manual Letter No. 792-__ -
Draft for Comment, March 1971

John:

On the 6th of April we received from the Executive Director and forwarded to you Chairman Hampton's letter to the Director forwarding the referenced draft. Since that draft appears to have had a pretty thorough staffing in its preparation, its doubtful that any great changes are going to be made in it. Assuming that thought is valid and in light of the decision taken at the 10 February meeting with the Executive Director at which you were present, that your memorandum on problem drinking not be sent at that time, I believe that it would be well to proceed with the structuring of a program for the Agency. Although the Executive Director didn't feel that we had to key our program to the Commission guidance, it wouldn't appear that we are exempt from the basic intent of the law. While I've recognized that the determination to treat alcoholism as a disease is not unanimously supported by all members of the medical profession, it would seem that this decision has been made for us as far as Federal agencies are concerned. We should be, therefore, guided accordingly.


Robert S. Wattles
Assistant Deputy Director
for Support

cc: Director of Personnel

ADD/S:RSW/ms (14 April 71)

Distribution:

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1 - DD/S Subject, w/Background (DD/S 71-1207) ✓

Approved For Release 2003/04/29 : CIA-RDP84-00780R003900230005-2

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| Remarks: 1-3 Please note 20 April 71 suspension date. DD/S would like to see the response on or before 16 April 71. For review and preparation of a response over the Executive Di- rector's signature. Suspension: 20 April 1971 | | | | | |
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| FROM: NAME, ADDRESS | | | DATE | | |
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FORM NO.
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1 - DD/S subject w/cy of DD/S 71-1207

DD/S 71-1207: Ltr dtd 1 Apr 71 to DCI fm Ch/U.S. CSC, subj: draft guidelines
for Federal Civilian Employee Alcoholism Programs



UNITED STATES CIVIL SERVICE COMMISSION

WASHINGTON, D.C. 20415

April 1, 1971

IN REPLY PLEASE REFER TO

DD/S 71-1207

YOUR REFERENCE

Honorable Richard M. Helms
Director
Central Intelligence Agency
Washington, D. C. 20505

Dear Mr. Helms:

Title II of Public Law 91-616 directs the Civil Service Commission to develop and maintain, in cooperation with the Secretary of Health, Education and Welfare and with other Federal agencies and departments, programs to deal with alcohol abuse and alcoholism among Federal employees. To carry out this mandate we have developed guidelines that are proposed for the purpose of implementing Title II.

The guides were designed to be broad enough to permit development of agency programs that are most likely to provide rehabilitation opportunity to employees with drinking problems. On the other hand, we wanted them to be sufficiently definitive to enable a somewhat united Federal approach to dealing with alcoholism. I am sending the attached draft with the request that you critically appraise the guidelines from the point of view of your operating needs, and that you give me your constructive comments as to ways in which they can be modified to improve their effectiveness.

Our target for issuing the final guidelines is May 24. I will appreciate having your comments by April 23.

Sincerely yours,

A handwritten signature in cursive script that reads "Robert E. Hampton".

Robert E. Hampton
Chairman

Attachment

March 1971

Approved For Release 2003/04/29 : CIA-RDP84-00780R003900230005-2

IN FPM CHAPTER 792

FPM LTR. NO.

RETAIN UNTIL SUPERSEDED.

UNITED STATES CIVIL SERVICE COMMISSION

FEDERAL PERSONNEL MANUAL SYSTEM

LETTER

Washington, D.C. 20415

FPM LETTER NO. 792-

SUBJECT: Federal Civilian Employee Alcoholism Programs

Heads of Departments and Independent Establishments:

1. Public Law 91-616 (42USC4551 et seq.), approved December 31, 1970, provides that the Civil Service Commission shall be responsible for developing and maintaining, in cooperation with the Secretary of Health, Education and Welfare and with other Federal agencies and departments, appropriate prevention, treatment and rehabilitation programs and services for alcoholism and alcohol abuse among civilian employees.
2. Proposed guidelines for implementation of Federal programs were circulated for comment on March , 1971. This letter establishes guidelines for use in development of maintenance of agency programs. All agencies employing Federal civilian employees shall issue policy statements implementing program plans within the purview of these guidelines by September 1, 1971.



Nicholas J. Oganovic

Executive Director

Attachments

INQUIRIES: Regional Office or Bureau of Retirement, Insurance and Occupational Health, Occupational Health Division, 632-5532 or Code 101, ext. 25532
CSC CODE 792, Health Program

Approved For Release 2003/04/29 : CIA-RDP84-00780R003900230005-2

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I. Background

Section 201 of Public Law 91-616 provides that the Civil Service Commission shall be responsible for developing and maintaining, in cooperation with the Secretary of Health, Education and Welfare and with other Federal agencies and departments, appropriate prevention, treatment and rehabilitation programs and services for alcoholism and alcohol abuse among civilian employees.

II. Purpose

This issuance transmits to the heads of departments and agencies the guidelines for implementation of Public Law 91-616. These guidelines were developed in consultation with the Secretary, HEW, heads of agencies and the national employee organizations.

III. Implementation

All agencies employing Federal civilian employees shall issue policy statements and program plans within the purview of these guidelines by September 1, 1971. Inherent in applying these guidelines is the understanding that there is no one "best" way to combat alcoholism or problem drinking. The guidelines are purposely broad to permit development of programs by each department and agency that are most likely to provide effective rehabilitation opportunity to employees with drinking problems.

IV. Federal Policy

It is the Federal government's position that employees have the right to decide whether or not they wish to drink alcoholic beverages. Drinking is of concern to management only when it results either directly or indirectly in a job related problem. A drinking problem exists when an employee's repeated or continued overindulgence in the use of alcoholic beverages interferes with the efficient and safe performance of his assigned duties, reduces his dependability or reflects discredit on the agency because of off-duty conduct. In such cases, Federal managers will take action in the form of (1) non-disciplinary procedures under which an employee with a drinking problem is offered rehabilitative assistance and, failing response to offers of assistance, (2) invoking regular disciplinary procedures for dealing with problem employees. The Federal policy also recognizes that consideration needs to be given to employees whose work performance is deteriorating because of drinking problems being experienced by other family members and such employees will be accorded all possible considerations within the limits of the Federal program.

V. Definition of the Alcohol Problem

Alcoholism and other misuses of alcohol are sufficiently widespread that few of our social institutions escape their effects. The relation of problem drinking to illness, accidents, crime, poverty, family breakup and a myriad of other

Attachment to FPM Ltr. No. 792- (4)

problems is becoming well known. Less well known is the impact of alcohol on the employer and the workplace. However, the Comptroller General's report on the effect of alcoholism among Federal civilian employees estimated that payroll losses in the Federal service alone may amount to as much as \$295 million annually.

Alcoholism needs to be placed in perspective. In its "Manual on Alcoholism" published in 1967 the American Medical Association termed alcoholism as "a highly complex illness" and addressed the treatability of alcoholics as follows:

"Alcoholics are treatable patients. Because their illness is a chronic disorder with tendency toward relapse, it should be approached in much the same manner as are other chronic and relapsing medical conditions. The aim of treatment is then viewed more as one of control than cure. Abstinence is sought as a primary objective, but additional considerations such as improved social or occupational adjustments, may be far better guides in evaluating the success or failure of a treatment effort. Temporary relapse with return to drinking, then, should not be equated with failure, any more than should the diabetic's occasional discontinuation of his diet or his insulin."

Several definitions that further serve to place the alcohol problem in perspective are the following:

Alcoholism: A chronic disease characterized by repeated excessive drinking which interferes with the individual's health, interpersonal relations or economic functioning. If untreated, alcoholism becomes more severe and may be fatal. It may take several years to reach the chronic phase.

Alcoholic: An ill person suffering from alcoholism. His drinking is out of control and is self-destructive in many different ways; yet he views alcohol as the "sure cure" for all his problems. The term alcoholic also describes the person who has undergone rehabilitation and whose disease has been arrested through abstinence.

Problem Drinker: To management, a problem drinker is any employee whose drinking effects his work adversely.

Social Drinker: By far the largest category of drinkers are of this type. They rarely, if ever, drink any alcoholic beverages to excess or unwisely.

VI. Agency Policy Statements

A. Program Support and Endorsement

Agency programs should be designed to bring the problem into the open, to change employee attitude, from the manager down, toward alcoholism so that the social and moral stigma are re-

moved and the alcoholic will be encouraged to seek help.

A policy statement is one of the most important features of any program to deal with problem drinking among employees. An official statement issued by top management and endorsed all the way down the supervisory line is necessary so that all employees know that the program has full management support. It is a vital step toward obtaining optimum operation of the program.

Some agencies, in the past, have expressed a preference for operating their programs in a quiet, unofficial manner. Experience has shown that unless a formal policy is written and publicized, doubts occur about the sincerity of management in operating the program. Management need not be embarrassed about facing up to a health problem; indeed, there is more embarrassment inherent in "covering up" or "dealing unofficially" with a problem caused by an illness. Even if a small agency actually is free of any employees with drinking problems -- a very unlikely circumstance -- a formal and public policy statement is necessary to define what shall be done if, in the future, the agency encounters such a problem. Alcoholism, as a health condition, does not need to be hidden away.

B. Policy Statements

Policy Statements should include the following declarations:

1. That the agency recognizes alcoholism as a treatable illness.
2. That for the purposes of the policy, alcoholism is defined as an illness in which the employee's job performance is impaired as a direct consequence of persistent and excessive use of alcohol.

3. That employees having the illness or a drinking problem will receive the same careful consideration and offer of assistance that is presently extended to employees having any other illness.
4. That in view of this policy, the agency is hopeful that employees who suspect they may have an alcoholism problem, even in its early stages, will be encouraged to seek diagnosis and, when indicated, follow through with prescribed treatment.
5. That the agency's concern with alcoholism is strictly limited to its effects on the employee's performance on the job. That the agency is not concerned with social drinking. That whether an employee chooses to drink socially is of concern only to the individual.
6. That no employee will have his job security or promotion opportunities jeopardized by his request for counseling or referral assistance.
7. That the confidential nature of medical records of employees with drinking problems will be preserved in the same manner as all other medical records.
8. That sick leave will be granted for the purpose of participating in approved rehabilitation programs.
9. That employees may voluntarily seek counseling and information on an entirely confidential basis by contacting the individuals designated to provide such services.

VII. Relationships with Employee Groups

The full support and active participation of employee organizations will be a key element to the success of an alcoholism program. Union officers and stewards who represent the employee concerning working conditions and personnel policy will also be influential in creating employee confidence in management's alcoholism policy. It is therefore essential that employee organizations be convinced of management's sincere commitment to assist the employee with his drinking problem. Management should make it unquestionably clear to union officials that an employee will be extended every reasonable form of assistance toward rehabilitation. However, it must also be understood that when the employee fails to cooperate and his job performance falls below acceptable standards, appropriate action will be taken.

In order to assure the cooperation and support of employee groups, management should invite union participation in all phases of the program including advanced planning, implementation and continuing evaluation of the program and policy. Additionally, employee representatives should be included in supervisory briefing sessions or other training and orientation programs so that there will be mutual understanding of policy, referral procedure and other elements of the alcoholism program.

VIII. Program Coordination and Evaluation

Once a policy and plan has been approved, it is important that there be continuing coordination and assessment of program activities. All activities should be coordinated by the organization

assigned administrative responsibility for the program. Activities should include the educational and information program to the workforce, developing and maintaining counseling capability within the local activity (personnel, medical or other counseling resources), liaison with community education, treatment and rehabilitation facilities, and evaluating the program and reporting to management on results and effectiveness. To assure proper program direction, an interested and responsible Program Coordinator should be designated in each location or geographic area in which the agency has assigned civilian Federal employees. Such individual should be allotted sufficient official time to effectively implement the agency policy and program, carry out or coordinate program publicity, carry out or coordinate the orientation and training of supervisors and other staff with program roles, maintain liaison with community agencies and coordinate the reporting and evaluation system.

IX. Community Resources

An effective alcoholism program, from an employment standpoint must be tied to the community resources that are concerned with alcohol abuse. An important first step is identification and establishing working relationships with community organizations which deal with information and education, treatment and rehabilitation. Such organizations typically include alcoholic anonymous groups, Al-anon for the family members of persons with drinking problems, hospitals willing to admit patients with drinking problems, alcoholism information centers sponsored by organizations such as

with alcoholics, State or local levels of government alcoholism clinics and similar organizations. In order to facilitate effective community contacts and relationships, information on local resources should be maintained on a current basis and be readily available to counseling and medical personnel. Where a number of agencies are represented in a given community, the largest (in terms of total civilian staff assigned) should assume the initiative in organizing other Federal agencies for the purpose of surveying community facilities. Whenever practical, State and local levels of government and industry should be invited to participate in community surveys and liaison. Special efforts should be made to use Federal Executive Boards, Federal Executive Associations and similar organizations as the official Federal communication link with the community.

X. Role of the Supervisor

While alcoholism is not an occupational disease, it manifests itself in the form of poor work performance at the place of employment. Losses to the employer take the form of poor workmanship, errors in judgment, absenteeism, and personal problems. The work setting offers definite advantages in dealing with problem drinking and alcoholism. Management and supervisors recognize the value of keeping a trained employee. Recognition that a valued employee has an illness raises this awareness. Early identification and even rehabilitation of the worker with a drinking problem depend largely upon the efforts of nonmedical persons.

Unless the physician has the help of these individuals, his

chances of finding and helping the alcoholic are greatly reduced.

The supervisor has a key role to play in making an agency program effective. Usually he is the only representative of management who has a close enough relationship to the employee to realize the existence of a problem that may be caused by drinking. The supervisor does not diagnose alcoholism; that is a decision for the physician. Recognition needs to be given to the fact that alcoholism is only one possible explanation of failing work. Other causes include emotional disturbances, domestic/family problems, various physical ailments, or a combination of causes. The supervisor should not distinguish the cause or diagnose the trouble. The supervisor is responsible for determining what constitutes satisfactory work performance and for carrying out the following basic functions:

1. To be alert, through continuing observation, to changes in the work and behavioral problems of assigned employees.
2. To document specific instances where an employee's work performance, behavior or attendance fails to meet minimum standards or where the employee's pattern of performance appears to be deteriorating.
3. To consult with the medical and/or counseling staff for advice on probable causes of the employee problem.

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4. To conduct an interview with the employee focusing on poor work performance and, informing the employee of available counseling services in the event poor performance is caused by any personal problem.
5. If the employee refuses help and performance continues to be unsatisfactory, he is given a firm choice between accepting agency assistance through counseling or professional diagnosis of whatever his problem might be, and cooperation with treatment if indicated, or accepting consequences provided by agency policy for unsatisfactory performance.

To properly equip supervisors to carry out their critical role agencies should specifically acquaint all supervising and managerial levels and representatives of employee organizations with the agency policy and program for dealing with alcoholism. To be supportive of the alcoholism program and contribute to increased supervisory effectiveness generally, agencies should emphasize the development of skills in identifying behavioral problems in employees and carrying out counseling responsibilities. Additionally, agencies should orient supervisors on the importance of firm and consistent application of corrective procedures and disciplinary policies as they relate to the alcoholism program.

XI. Role of the Medical Department

A. Emergencies

Under the provisions of Office of Management and Budget Circular A-72 agencies may provide, as a part of the Federal Employee Occupational Health services, emergency diagnosis and first treatment of injury or illness that become necessary during working hours.

When a problem arises wherein an employee arrives at work obviously not in full control of his faculties, it should be handled in the same way as any other supervisory problem. However, supervisors should exercise caution and seek the counsel of the physician when bizarre behavior is involved. Although the supervisor should immediately query the employee concerning his unusual behavior, he should bear in mind that appearance symptoms usually related to intoxication can apply to other illnesses as well. For example, tremors (shakes) can be a sign of thyroid imbalance, parkinsonism and diabetes to name but a few causes. A flushed face, excessive perspiration, a tendency to slur words or a stagger in walking can also signify the presence of disease.

Supervisors should question the employee in such cases as to any known cause for the actions but should make no attempt to diagnose the case. The employee should be sent to the Medical Department for emergency treatment and, where indicated, referred to the private physician or community sources. In the event such

cases ultimately are determined to have stemmed from the abuse of alcohol, the discussion under the heading "Role of the Supervisor" should provide the directions for next steps.

B. Counseling

In addition to emergency cases, the Medical Department should have the capability to provide consultation to supervisors in connection with their dealings with problem employees. Based on the supervisor's documentation of declining work performance, attendance problems, disruptive behavior, etc. the Medical Department can become acquainted with the case history and be prepared to offer assistance to the supervisor and counseling when requested by the employee. In order to develop this kind of cooperative effort, clear working relationships should be spelled out for the Medical Department and supervisors concerned with employees with performance problems.

Because alcoholism and problem drinking represent a highly unique disease, the Medical staff should be provided with specialized training and techniques for recognition of alcohol abuse as well as instruction in counseling techniques appropriate for use in dealing with the problem drinker or the alcoholic.

XII. Relationship to Disciplinary Actions

The alcoholism program supplements, but does not replace, existing procedures for dealing with problem employees. An employee's continued refusal to seek diagnosis and treatment, or continued failure

refusals or failures in relationship to other illnesses when job performance is adversely affected.

The alcoholic or problem drinker is one type of problem employee. However, in such cases, a special situation exists. The employee is a problem because of repeated instances of uncontrolled drinking. The drinking he does is either an illness or a symptom of an illness and, as with other types of illnesses, it must be the agency's policy to try to assist him to recover his usefulness as an employee.

In practice the alcoholic or problem drinker should be dealt with little differently than other problem employees. The supervisor identifies the aspects of job performance that are not satisfactory, consults with the medical and/or counseling staff those cases that appear to be developing a trend, discusses aspects of below standard performance with the employee and advises of availability of counseling assistance if the cause of poor performance stems from any personal problem. If the employee refuses to seek counseling and/or if there is no improvement or inadequate improvement in performance, disciplinary actions should be taken.

In relating the alcoholism program to disciplinary policies and practices, it is most important that the alcoholism program be carried out as a non-disciplinary procedure aimed at rehabilitation of persons who suffer from a disease. There needs to be a clear understanding that shielding problem drinkers by tolerating poor performance clearly contributes to the progression of the employee's

illness by delaying his entry into a rehabilitative program. However, failure on the part of the employee to accept the assistance offered through the program, or failure to otherwise correct performance should be dealt with through disciplinary procedures.

XIII. Use of Sick Leave

A critical and necessary step is recognition by an individual with a drinking problem that alcoholism is a treatable disease. Employees who have made the decision to undergo a prescribed program of treatment which will require absence from work should be granted sick leave for this purpose.

XIV. Expenses of Rehabilitation

There is no provision in P.L. 91-616 for payment of Federal employee rehabilitation costs. An employee is responsible for the costs of treating his drinking problem just as he is for any other health condition. He may receive some financial help, as with other illnesses, from his Federal Employees Health Benefits Plan.

Various types of rehabilitative programs require different financial capabilities. Alcoholics Anonymous, for example, solicits only voluntary contributions; employees who are veterans may be eligible for some assistance from the facilities of the Veterans Administration. These considerations and any alcohol rehabilitation agencies in the community should be explored by the Program Coordinator in order to have available complete information for counseling and employee referral purposes.

XV. Eligibility for Disability Retirement

This program does not jeopardize the employee's right to disability retirement if his condition warrants. Eligibility requirements and filing procedures are in FPM Supplement 831-1. Either the employee or the agency may submit an application for disability retirement.

XVI. Maintenance of Records

A. Individual Employee Records

General supervisor documentation of results of discussions and actions taken to motivate correction of deficiencies in job performance of their employees should be maintained in a confidential manner with access by persons on only a "need-to-know" basis.

Records on employees who have been referred for counseling, whether by medical, personnel or other counseling specialists, should be maintained in the strictest confidence and accorded the same security and accessibility restrictions provided for medical records.

Records containing medical information and reports must be maintained according to requirements prescribed in FPM Chapter 293.

Official Personnel Folders shall not include information concerning an employee's alcohol problems or efforts to rehabilitate him except as they apply to specific charges leading to disciplinary or separation actions.

Attachment to FPM Ltr. No. 792- (18)

B. Program Records

Program coordinators should establish a statistical reporting system that will provide the basis for evaluating the program and reporting to management as well as for response to requests for information that the Civil Service Commission will request annually.

Such statistics, at a minimum, should include (1) the number of employees counseled by medical, personnel or other counseling specialists where problem drinking was an issue, (2) the number of employees referred to private physician or local sources because of problem drinking, and (3) the number of employees separated for cause where the separation was preceded by counseling related to problem drinking.

Care should be taken that such records are purely statistical and do not identify individuals.

XVII. Acknowledgements and Recommended Source Material

This guide was developed using information derived from THE FIRST STEP, a publication by the Civil Service Commission which reported the proceedings of a conference dealing with drinking problems held in late 1967. The guide also incorporates many of the concepts embodied in THE KEY STEP, a Civil Service Commission publication which offered to Federal managers a model program to combat problem drinking. Both issuances are available through the Government Printing Office.

Special acknowledgment is due the American Medical Association, the National Council on Alcoholism and the National Industrial Conference Board. These organizations granted our requests for permission to draw material from their publications in the development of these guidelines and the specific issuances are strongly recommended as reference sources for development of agency programs. They are:

1. Manual on Alcoholism -- 1967 (Available from the American Medical Association, 535 N. Dearborn Street, Chicago, Illinois 60610)
2. A Cooperative Labor-Management Approach to Employee Alcoholism Programs (Available from the National Council on Alcoholism, 2 Park Avenue, New York, New York 10016)
3. Company Controls for Drinking Problems (Available from the National Industrial Conference Board, 845 Third Avenue, New York, New York 10022)